

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000040

FILED
Jan 05, 2011
Secretary of State

Entity Name: BACOPA BAY OWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

970 LAKE CARILLON DR
SUITE 102
SAINT PETERSBURG, FL 33716 US

New Principal Place of Business:

Current Mailing Address:

970 LAKE CARILLON DR
SUITE 102
SAINT PETERSBURG, FL 33716 US

New Mailing Address:

FEI Number: 59-3351032

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWTON, WILLIAM
970 LAKE CARILLON DR
SUITE 102
TIERRA VERDE, FL 33716 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD
Name: CHRISTMAN, HERB
Address: 5901 SUN BLVD SUITE 203
City-St-Zip: ST. PETERSBURG, FL 33715

Title: VPD
Name: RUSSELL, SANDY
Address: 5901 SUN BLVD SUITE 203
City-St-Zip: SAINT PETERSBURG, FL 33715

Title: TD
Name: BARKER, KATHERINE
Address: 5901 SUN BLVD #203
City-St-Zip: SAINT PETERSBURG, FL 33715

Title: SD
Name: BLAZOWSKI, WILLIAM
Address: 5901 SUN BLVD
City-St-Zip: SAINT PETERSBURG, FL 33715

Title: D
Name: BERGER, BRIAN
Address: 5901 SUN BLVD
City-St-Zip: ST PETERSBURG, FL 33715

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WCN

RA

01/05/2011

Electronic Signature of Signing Officer or Director

Date